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# The Palestinian-Israeli Conflict and its Impact on the Mental-Health of Youth

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*This paper explores what mental disorders can develop as a result of continued exposure to a conflict situation, specifically the Palestinian-Israeli conflict. A brief history of the region, and a summary of the current diplomatic situation are outlined to give a background to the subsequent information. The specific disorders prevalent in the region are identified and an explanation on how the ongoing conflict in the region exacerbates these disorders is provided. These include Posttraumatic Stress Disorder (PTSD), anxiety, fear, Selective Mutism, Separation Anxiety, and somatoform disorders. PTSD is extremely prevalent within the young populations of both Palestine and Israel, being more common in the bombed areas. In addition to these disorders, anxiety disorders, such as separation anxiety, are more common in areas that are seldom attacked or areas that have not been affected. As a conclusion, a strategy, proposed by Post, is presented to combat the terrorist groups that are undermining the peace process between Palestine and Israel while addressing the various mental issues at hand.*

Sheik Muhammed Hussein Fadlallah is quoted saying "Oppressed people cannot always be expected to behave in a reasonable manner" (Byrm & Araj, 2006). Fadlallah is the spiritual founder of the Lebanese-based organization, Hezbollah. In addition to mirroring the mission and violent nature of Hezbollah, this quote also reflects on the catastrophe occurring in the Palestinian-Israeli region. The current geopolitical situation is a volatile and persistent concern that has been a recurring issue for the last ninety years. It is a bitter fact that the generation that is currently fighting is the generation that grew up in the shadow of the Six-Day War, thus suffering its consequences. Armed with

a greater wealth of knowledge due to globalization and the encompassment of various cultures within psychological theory, researchers now have a newfound opportunity to examine this conflict and determine what can be done to minimize both the physical and psychological damage experienced by the victims of war on both sides. Their findings correlate well with each other, and have produced a solid database of information within this field of study, as demonstrated throughout this paper. As a person's quality of living decreases, functional impairment increases, and the most powerful impact on the population is that experienced by

the children. This review will highlight the risks posed to the current generation of Palestinian and Israeli children by examining the symptomatology of their respective populations, which mental disorders in the area are more prevalent, what factors contribute most to the spread and growth of these disorders, what the long term ill effects are, and what can be done to alleviate the situation.

For one to be able to examine the data and formulate conclusions effectively, one must be familiar with the history of the region; this history is also essential to understanding why both sides fight for ownership of the region. Thus a brief history of the Palestinian-Israeli conflict will be outlined. For the sake of the length of this paper, the history has been formatted to exclude events of lesser importance, but still provides an unbiased, objective view of the history of the region.

Prior to, and during, the First World War, Palestine did not exist as a country. Neither, for that matter, did Jordan, Lebanon, Israel, Iraq, Kuwait, or the Arabian Peninsular states (Harms & Ferry, 2005). All these countries existed as one entity: the Ottoman Empire. This empire consisted of both Jews and Arabs living side by side for over 600 years (Harms & Ferry, 2005). After this empire dissolved during the deterioration of the Axis Powers in World War One, Britain and France divided up what was left between themselves as the 'spoils of war' (Harms & Ferry, 2005). In 1917, British parliament passed the Balfour Declaration. This declaration, along with the procurement of Palestine due to the British mandate, asserted British support for the creation of a Jewish homeland in Palestine.

Thus began the immigration of Jews into the region from all over the world. The immigrants bought up large tracts of land. This dramatic increase in immigration led to the creation

of a small Jewish state in Palestine. An elaboration of this proposal was drawn up a couple of years later in 1939, titled the MacDonald White Paper (Harms & Ferry, 2005). It stated that Britain had no intention of converting Palestine into a Jewish state. Rather, a shared, coalition government was desired, and another statement for a restriction on Jewish immigration into the region was demanded (Harms & Ferry, 2005).

However, another event in world history would occur in 1939 that would require Britain's full attention: the outbreak of World War Two. All negotiations were put on hold until 1945, after the war ended. In 1947, the United Nations passed Resolution 181 (Pappé, 1992). Herein was the first mention of the 'Two-State Solution', supported to this day as the universally accepted solution to this conflict (Pappé, 1992). This was proposed as a resolution to the crisis, in which the land would be divided between Palestine and the Jewish state with Jerusalem as an International City controlled by the United Nations.

A year later, on the 14th of May, 1948, the British Mandate expired, and the United Nations ratified the Israeli Declaration of Independence. The Jewish state of Israel was born. The very next day, as the first action of the Israeli government, the White Paper Decrees and the Peel Commission Proposal were rescinded (Harms & Ferry, 2005).

Heightened international tension led to the Six-Day War in 1967, in which Jordan, Egypt, Syria, and Iraq simultaneously declared war on Israel. Due to incredible strategic efficiency, Israel emerged victorious. This is the point in history when Gaza and the West Bank fell under Israeli occupation, a pivotal moment in the Palestinian-Israeli crisis.

Repression and the continuing occupation of the Palestinian people resulted in height

ened tension within the country. The spark that ignited this powder keg was a traffic incident in 1987, in which an Israeli Defense Force (IDF) vehicle crashed into a truck carrying Palestinian labourers. Four were killed and seven were wounded. Thousands of people appeared at the funeral, and it soon evolved into a protest. Israeli police in the area dispersed the crowd with tear gas and live ammunition, killing Hatem al-Sisi, a twenty year old Palestinian. This was the beginning of the First Intifada, and al-Sisi was its first martyr. The term Intifada is used to describe an uprising against oppression. The Intifada lasted until 1991, and at the conclusion, both sides were looking for reconciliation and peace. After a number of failed attempts at peace talks, Yasser Arafat of the Palestinian Liberation Organization (PLO) and Israeli Prime Minister Yitzhak Rabin met through a Norwegian proctor, and began clandestine direct negotiations. The meetings resulted in the 1993 Oslo Accords. In these accords, both sides recognized each other's right to exist and agreed on a timetable in which to discuss the various problems within Palestine (Harms & Ferry, 2005).

Along with the historical summary of the region, it is also necessary to provide a current overview of the geo-political situation as a necessary return to the focus of this paper.

The Second Intifada began in 2000, as a result of Ariel Sharon's visit to the Al-Aqsa Mosque during heightened political tensions. The visit turned into a protest, and tear gas and rubber bullets were used by the Israeli police on the Palestinian crowd. This Intifada is considered to be ongoing, but only in ideology. However, several organizations take the Intifada one step further. For example, Hamas, the ruling government of the Gaza Strip and an internationally recognized terrorist organization, has been incessantly firing barrages of Soviet-made

Kutyusha rockets into Israel. As well as Hamas, Hezbollah, and al-Fatah, which are primarily revolutionary terrorists groups, a small band of paramilitaries within Palestine, dubbing themselves 'The Al-Aqsa Martyrs Brigade', have been resisting the Israeli occupation and fighting alongside the larger organizations, and occasionally collaborating with each other (Miller, 2005).

More recently in the minds of the international community, and on a more diplomatic note, is the issue of settlement construction. Israel has been building settlements, deemed illegal by international law, within the occupied territories since the West Bank fell under Israeli rule during the 1967 Six-Day War (Goldstone, 2009). Due to international pressure, Israel has been withdrawing from some settlements, but controversially announced plans for one thousand six hundred more settlements during United States Vice-President Joe Biden's 2010 visit to Israel (Al Jazeera, 2010).

The attempts at peace talks are at a stalemate due to Israel's refusal to cease settlement construction and the Palestinian Authority's refusal to negotiate without a settlement freeze. The three major figures from the United States, Israel, and Palestine — Barack Obama, Benjamin Netanyahu, and Mahmoud Abbas, respectively — met at a summit in New York in 2009 to urge a compromise between Palestine and Israel. Despite these peace attempts, Hamas's rocket barrage has continued, and Israel responded in March of 2010 with incursions into Gaza, alongside airstrikes into the civilian areas in an attempt to "smoke out" the Hamas mercenaries.

The conditions in the West Bank are a far greater improvement from what they used to be during the periods of overt conflict, with the most recent being the Gaza Crisis in 2008. Twenty-four hour curfews and an overt military



presence are a thing of the past. However, there are still many roadblocks on major Palestinian roads and even roads that Palestinians are not allowed to use (Robinson, 2003). Houses are still subjected to military searches and bombardment (Sait, 2004). Another factor to keep in mind about living in the West Bank is living among the paramilitaries who are continuously fighting the Israelis and are the reason that the houses are being continuously bombarded and searched.

Now that the tumultuous history of the region has been accounted for, the heart of the topic may be presented. The children who were raised during the Six-Day War are the ones who are influencing the fighters of the current adult generation. That generation has been lost to war, and if the current situation is not addressed in Palestine, then yet another generation will be lost.

In a study of World War II survivors (Bramsen, van der Ploeg, & Twisk, 2002) secondary trauma was studied in detail. Secondary Trauma is also known as trauma transmission; this is when Posttraumatic Stress Disorder (PTSD) symptoms exist in a parent, and consequently, there is a serious risk for their offspring to suffer from a syndrome of similar dimensions due to emotional transference (Barocas & Barocas, 1973, as cited in Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998). The current children in Palestine face similar experiences as their parents did because the parents' response to the trauma greatly influences the child's trauma (Thabet, Abu Tawahina, El Sarraj, & Vostanis, 2008). This secondary trauma can exponentially increase the damage done to the child's psyche. A longitudinal study of war-related trauma and psychological distress discovered that the long-term effects of war-related trauma in children may be influenced by the war experience of their fathers.

Mothers and their children were tested in 1993, and again in 2003 to investigate the long term side effects of PTSD, depression, and anxiety disorders. Mothers whose husbands were arrested had the highest Posttraumatic Stress disorder Scale (PTSDS) scores, followed by mothers whose husbands were killed. The children whose fathers were arrested also had the highest PTSDS score, followed by children whose fathers were missing. Whereas the mothers' PTSD symptoms faded (i.e. the PTSDS score was lower in 2003) the mean scores of the PTSD symptoms in children had increased over time (Hadi, Llabre, & Spitzer, 2006). In a study of PTSD symptoms in children exposed to a dam collapse (Green et al., 1991) 37% children still had symptoms of PTSD two years after the catastrophe. This demonstrates how a stressor can have serious implications for a child's mental health long after the incident, and this in turn will have serious detrimental effects to the child's development.

Another study found that there were strong associations between family violence, family economic status, and psychological symptomatology (Al-Krenawi & Graham, 2007). When the youth are exposed to violence, they begin to solve their problems with violence, resulting in higher rates of domestic violence (Sheidow, Gorman-Smith, Tolan, & Henry, 2001). In a study of inner-city violence, it was discovered that the violence is actually dependent on poor family functioning. The data showed that there was a significant relationship between poor parenting and exposure to violence in communities that were plagued by social problems, extremely limited economic resources, and in communities that had protective social networks in place (Sheidow, Gorman-Smith, Tolan, & Henry, 2001). Poor parenting allows the children to be exposed to more violence

through neglect, and this neglectful parenting results from the political instability within the community, as the family unit becomes more vulnerable to various stress-related factors, thus more violence. An extremely powerful stressor would be the constant fighting and conflict, as the Palestinian people are experiencing.

Chronic poverty and unemployment also have devastating effects on basic human functions and needs, including basic needs, family, social relations, leisure, and self-esteem (Wilton as cited in Al-Krenawi et al., 2007). There is also a link between job loss and domestic violence (Moore & Selkove as cited in Al-Krenawi & Graham, 2007) and between low educational attainment and domestic violence (Vest, Catlin, Chen, & Brownson as cited in Al-Krenawi & Graham, 2007). This domestic violence, in turn, creates increased rates of mental health problems, primarily depression, suicide ideation, and PTSD (Golding as cited in Al-Krenawi & Graham, 2007). As Al-Krenawi (2007) later points out: The low educational attainment and unemployment are directly related to the Al-Aqsa Intifada, and the responses of the Israeli Defense Forces. This is a primary example of how the war is affecting children.

Al-Krenawi (2007) identifies the primary values within Palestinian society, which can be linked to many of the events that occur in that region. These values are: rootedness to the land, strong family bonds, social identity formed from family and community, and a holistic outlook on life (Al-Krenawi & Graham, 2007). The rootedness to the land corresponds to the unwavering belief that Israel must agree to recede back to its pre-1967 borders, as well as halt settlement construction, before any compromise can be made. Israeli actions clash with Palestinian values, creating much animosity between the two populations. (Al-Krenawi & Graham, 2007).

The family bonds and the social identity being formed from the family unit and community are evident by the fury with which the Palestinians defend their community and country. Any land that had belonged to them may have been destroyed or seized, and consequently they were forced to join other communities. However, the Palestinians found fellow evictees where they went, and were able to form strong bonds within the communities.

With 60% of people living below the national poverty line in Palestine, and repeated exposure to violence, the population is subject to an onslaught of maladaptive behavior and psychopathology. These disorders are mostly within the anxiety spectrum, with the most prevalent disorder being Posttraumatic Stress Disorder (PTSD). Al-Krenawi (2007, 2004), Thabet (2002, 2008), Pat-Horenczyk (2007), and Al-Krenawi & Graham (2007) all confirm an alarming presence of Posttraumatic Stress Disorder evident in the population, including children. Pat-Horenczyk (2007) outlined the repercussions of acquiring PTSD at such a young age. PTSD will also subject the child to depression, suicide ideation, and somatic complaints. These lead to problems in school including more sick days (also, separation anxiety may be in effect here, and it will be discussed in a later section), lower GPA, and more school problems (Giaconia et al., 1995). This low educational attainment leads to impaired academic and occupational functioning, early childbearing, social difficulties, poor peer relations, lowered life satisfaction, and increased criminal arrests (Lewinsohn, Rohde, & Gau, 2003). Studies agree that the current conflict is directly responsible for the prevalence of PTSD. Thabet discovered that significantly more children exposed to bombardment and home demolition reported symptoms of PTSD and fear than controls did (Thabet, Abed, & Vostanis, 2002)

and Al-Krenawi, Graham, & Sehwal (2007) revealed that respondents with a high degree of exposure to politically violent events reported significantly more somatization, anxiety, phobic anxiety, and psychotism. Exposure to bombardment was found to be, by far, the strongest predictor of PTSD (Thabet, Abed, & Vostanis, 2002). Another study found that 70.1% of children in a study were likely to be diagnosed with PTSD (Thabet, Abu Tawahina, El Sarraj, & Vostanis, 2008). As a parallel to the Palestinian crisis, Sarajevo children who were exposed to the violence of the Bosnian War were interviewed and tested to see if PTSD played a mediating role between war trauma and attention problems. In a sample of 791 children, 65.1% of participants self-reported clinically significant PTSD symptoms, and 37.1% reported moderate to severe symptoms (Husain, Allwood, Bell, 2008). In a study aiming to identify common mental disorders in a postconflict setting, PTSD was the most frequently reported disorder by people exposed to violence in Algeria and Ethiopia as well as Palestine (de Jong, Komproe, Ommeren, 2003). Thus we can conclude that there is a solid base of evidence for the prevalence of PTSD within Palestine, not only from studies conducted in the region, but also from conclusions from patterns in countries in similar situations.

Despite the widespread prevalence of PTSD, it is only a fraction of the mental disorders prevalent in Palestinian society. Al-Krenawi (2007) identified symptoms indicative of a sense of a loss of control in Palestinian children. These symptoms include bed-wetting, behavioral problems, and refusal to attend school (Al-Krenawi, Lev-Wiesel, & Sehwal, 2007). In another study by the same author, a relationship was found between direct exposure and/or media moderation and sleep disturbance, somatic

complaints, constricted affect, poor impulse control, and difficulties in concentration (Al-Krenawi, Graham, & Sehwal, 2007). These mental health problems are not only restricted to Palestine. Israel also has a serious anxiety problem among the youth living there. (Pat-Horenczyk, Abramovitz, Peled, Brom, & Daie, 2007) and (Thabet, Abed, & Vostanis, 2002) both make an interesting discovery within Israel and Palestine, respectively. In Israel, the prevalence of PTSD is only 7.6% (Pat-Horenczyk et al., 2007) which is lower than the 8% as reported in the United States of America (American Psychological Association, 2000). The mandatory military service, the characteristic 'denial of danger' in the developmental stage of adolescence, and the high level of resilience found in the Israeli population could all contribute to this low prevalence of PTSD (Pat-Horenczyk et al., 2007). However, Pat-Horenczyk et al. also found a significantly high rate of anxiety. Thabet's studies in Palestine mirror this hypothesis, but only in areas that are either rarely bombed, or which have yet to be attacked (Thabet, Abed, & Vostanis, 2002). The conclusion they reached was that even children who were out of the physical risk zones were still at serious psychological risk due to the anxiety of a strike.

Even though PTSD symptoms are not present, however, there is still the chance that the disorder can develop through indirect exposure to a traumatic event. A study examining different PTSD symptoms experienced by relief workers following direct or indirect exposure to Ground Zero in New York City, United States of America (Zimering, Gulliver, Knight, Munroe, & Keane, 2006) found that even indirect exposure to a traumatic event can put individuals at risk for developing PTSD. Galea, Vlahov, Resnick, Ahern, & Susser (2003) replicated these results in a study surveying adults in New York at



different chronological intervals after the September 11<sup>th</sup> attacks. These results also showed that the prevalence for PTSD was higher for people who were more directly affected by the attacks, yet that people who were less directly affected also met the criteria for possible PTSD. The Criterion A(1) definition of traumatic exposure of the DSM-IV-TR states that the person must have experienced, witnessed, or been confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (American Psychological Association, 2000). Despite not meeting criteria A(1) for PTSD, the symptoms still developed and manifested as PTSD.

Another serious anxiety disorder is Separation Anxiety. The DSM-IV-TR defines separation anxiety disorder as excessive anxiety concerning separation from home or from those to whom the person is attached (American Psychological Association, 2000). This is a side effect of fear induced from house searches, arrests of family members, bombings, and stray bullets. Many children have been killed by stray bullets or shrapnel from explosions in nearby buildings, with all the attacks occurring near schools and other public places (Miller, 2005). The child doesn't want to leave the house for fear of getting killed, and at the same time doesn't want to leave his parents who may be bombed while he is gone. As a result, the child refuses to leave the house, and the child develops separation anxiety.

Other disorders that are prevalent in Palestine are somatic disorders and Selective Mutism. The impact of trauma on individuals is sometimes manifested in physical or somatic symptoms that occur in the absence of organic findings (American Psychiatric Association, 2000). Children experience somatoform

disorders as an adaptive response to violence (Al-Krenawi, Graham, & Sehwal, 2004). One reason why somatoform disorders may occur is due to the mind creating unpleasant physical sensations in order to draw attention from the thoughts occurring in their minds. Symptoms include sleep deprivation, nausea, cramps, vomiting, skin problems, and physical pain (American Psychiatric Association, 2000). The selective mutism comes as an adaptive response to trauma and involves the persistent failure to speak in specific social situations where speaking is expected, despite speaking in other situations. This failure leads to negative impacts in educational achievements and social communications (American Psychological Association, 2000). A study examining the effects of children exposed to war and terrorism resulted in similar findings. The authors discovered that children exposed to war-related stressors experience a variety of disorders including PTSD symptomatology, mood disorders, externalizing and disruptive behaviours, and somatic symptoms determined by exposure dose effect (Shaw, 2003). Another examination of the Intifada experience and antisocial behavior revealed direct associations between Intifada experience and antisocial behaviour. It was also found to be associated with depression, but only in female participants (Barber, 2001).

In such a violent environment, the child will more than likely have prolonged exposure to violence, and thus have prolonged symptoms of psychological disorders. There are two adaptive strategies to trauma in children: the 'fight or flight' hyper-arousal response, or the 'freeze-surrender (dissociation) response' (Perry, 1996). Children are much less likely to use the fight or flight response, as it is highly impractical for a child to fight. The more likely of the two options is dissociation. As an example, when an infant is



distressed, it will cry to let the parent or guardian know that the infant is upset. The crying is reinforced because the caretaker will come to soothe the child. However, if the child cries and no caretaker comes to remedy the ailment of child, after many painful disappointments, the child will stop crying and abandon the behavior. This is similar to violence occurring in a conflict. The child's emotions are neglected due to the caregiver's preoccupation with the daily distress as a result of living in a dangerous environment. Thus, the child becomes detached from his or her surroundings as a coping mechanism. This chronic activation of stress responses may in effect 'wear out' parts of the brain involved in memory, cognition, impulse control, attention, and fine motor control (Perry, 1996).

There is a remedy that can slow down the violence and begin to heal the wounds caused by the war. Currently, there is no international aid being sent to either the West Bank or the Gaza Strip because of Hamas being in power in some provinces. While I agree that aid should not be awarded to an internationally recognized terrorist organization, I do not agree that aid should stop completely. Counselors, psychotherapists, as well as other forms of mental health professionals can alleviate the prevalent mental disorders by providing services to the general population. This will help them to cope with the symptomatology previously outlined in this discussion.

In addition to this aid, the mental health professionals that will be traveling to the affected areas need to be trained in the various cultural norms and differences within the communities. These must include an understanding of Muslim, Palestinian, and Israeli values. Muslim and Palestinian values very much overlap: rootedness to the land, strong family bonds, social identity from family and community, and a holistic outlook on life (Al-Krenawi & Graham,

2007). Mental health professionals and social workers must remember the mindset of the population they are working with, that the Palestinian people have faced much adversity, and the Israelis have been under attack from all sides since the creation of their country.

These previously outlined short term solutions, while effective, are only a remedy to the symptoms of the conflict. To get at the heart of the matter itself, one must not turn his or her attention to Israel, but to the terrorist cells. Israel and the Palestinian Authority have made attempts to forge peace, but the extremist groups on both sides must halt their violent approaches, or the groups must be dissolved. Current diplomacy and counter-terrorist action have been widely ineffective, and this failure is due to the nature of the group process, in which the terrorists are condemned by society, pushing them away from the mainstream group until the only group that accepts them is the terrorist group, thus promoting their integration. When they are this integrated within the group at this level, it is exceedingly difficult for them to withdraw, as the group is all they have left. In his examination, J. M. Post (2005) offers a different approach to counter-terrorist strategy: psychological warfare. In his journal he offers four different strategies to attack the most fortified structure of the organization: the group dynamics that perpetuate its existence.

The first strategy is to inhibit potential terrorists from joining the group (Post, 2005). The reason for the first strategy is because the youth of the nation need to stop joining the groups. However, the only way to prevent enlistment is to allow children to envision a world in which their future is a secure one, and where they can see their goals being accomplished through diplomatic means, not through violence. The second method is a more powerful one:

produce dissension within the group (Post, 2005). The group, despite its cohesion, is full of tensions and rivalry. The way to destroy a group, any group, is from the inside.

The third method is one that has already proven itself to be a successful strategy. This is to facilitate exit from the group. Currently if a member of the group defects and leaves the group, he or she is ostracized by both the community and the organization. The former terrorist will be seen as a traitor, and more than likely be hunted down. Leaving the group is not an option. There needs to be a support program that will allow for the recruit to leave the group and avoid the wrath that comes with desertion. Similar programs are in place throughout the globe. The Pentito program in Italy provides mafia informants with a reduced sentence in exchange for solid information. There is also a similar program in the Basque region of Spain, and in Ireland (Post 2005). Another example is the American Witness Protection Program. These programs have proven to work, and can effectively allow the terrorist recruits to leave the group without fear for them or their families.

The final method, reducing support for the group and its leader, works closely with the first method. If the leader of the group has no credibility, the community will look down on him and his organization. People who are already wary about joining a terrorist group will see that this path is one that will not yield any positive results, and that there are other ways to fight for freedom without using violence. Once this perspective is made clear, recruitment will dramatically decrease and the groups will lose their power, eventually deteriorating into nothing.

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